

INSTRUCTIONS FOR THE APPLICATION FOR LICENSURE

The application for licensure is for both the licensed practical nurse and the registered nurse. Complete all sections as outlined below. **An incomplete application will be returned to you.** Boxes are provided for you to mark those areas of the application that you have completed. If you have any questions, go to the KBN website at <http://kbn.ky.gov>, select "Programs and Services" and select the areas listed to search for information.

Licensure fees and regulatory requirements are subject to change. Application fees are NON-REFUNDABLE.

Fees are as follows:	Examination	\$110	Reinstatement	\$120
	Endorsement	\$120	Change to Active or Inactive Status	\$95

You are required to complete the following sections of the application related to your method of application:

Method of Application

Examination

Endorsement

Reinstatement

Change to Active or Inactive Status

Complete These Sections

1, 2, 3, 4, 5, 6, 7, 11, 12

1, 2, 3, 4, 5, 6, 9, 11, 12 Either Attachment 2 or the NurSys Form

1, 2, 3, 4, 5, 6, 10, 11, 12 Attachment 1 (If Applicable)

1, 2, 3, 4, 5, 6, 10, 11, 12 Attachment 1 (If Applicable)

SECTION 1: BIOGRAPHICAL DATA

- ☐ **If the name on your application differs from the name on any documentation submitted for licensure, you must include a copy of a legal name change document with your application.** You are required to notify the KBN office in writing of any subsequent address or legal name change within 30 days. If you are NOT a U.S. citizen, you must include a copy of legal immigration documentation.

SECTION 2: TYPE AND METHOD OF APPLICATION

- ☐ Darken the appropriate circle to indicate whether you are applying for a RN or LPN license.
- ☐ Mark the appropriate method of application:
- (1) **EXAMINATION:** You will be taking the NCLEX examination.
 - (2) **ENDORSEMENT:** You hold an active nursing license in another jurisdiction.
 - (3) **REINSTATEMENT:** Your Kentucky license lapsed, and you want an active Kentucky license.
 - (4) **CHANGE TO ACTIVE STATUS:** You have an inactive Kentucky license and want an active Kentucky license.
 - (5) **CHANGE TO INACTIVE STATUS:** You hold an active Kentucky license and want an inactive Kentucky license.

SECTION 3: APPLICANT'S NURSING EDUCATION

- ☐ **The information in this section must reflect the educational preparation for the type license you are now applying.** If you are an LPN applying to Kentucky for an RN license, the school information you provide in this section must reflect the RN program. Similarly, if you are an RN who graduated from a diploma or ADN program and later completed a BSN program, the information in this section must reflect the first RN program completed. Additional Education: Lines are provided for you to list any additional educational programs you completed.
- ☐ If your nursing education was not in the U.S., refer to the insert entitled "Foreign Educated Applicants for Licensure" or go to http://kbn.ky.gov/foreign_educated_applicants.htm to review this information.

SECTION 4: DISCIPLINARY HISTORY

- ☐ Boards of nursing report disciplinary actions taken on nurses' licenses to the NCSBN. If you have had disciplinary action taken by another nursing board, you must include a copy of the board's action and a letter of explanation with this application. **Failure to report a disciplinary action EVER taken on a nursing license you held is deemed to be falsification of the application and subjects you to disciplinary action by KBN.**

SECTION 5: CRIMINAL HISTORY

- ☐ A criminal history search is completed on applicants for licensure in Kentucky. **Failure to report any criminal convictions EVER received is deemed to be falsification of the application and subjects you to disciplinary action by KBN.** You must submit a certified copy of the court record of each misdemeanor or felony conviction in any jurisdiction and a letter of explanation that addresses each conviction EXCEPT for traffic related misdemeanors (other than DUIs) OR misdemeanors older than 5 years. If you have had criminal convictions, file your application with KBN at least 3 months prior to your anticipated date of employment in Kentucky or 2 months prior to graduation. **If you previously applied for or received a Kentucky nursing license, indicate whether any misdemeanors or felonies you had were previously reviewed by KBN.**

SECTION 6: EMPLOYMENT IN KENTUCKY AS AN LPN, RN, OR ARNP

- ☐ Complete this section **ONLY** if you have accepted employment as a nurse in Kentucky. Do NOT complete this section if you are employed in a non-nursing or unlicensed position.

SECTION 7: APPLICATION FOR LICENSURE BY EXAMINATION

- ☐ This application is valid for one year from the date received at KBN or until failure of the licensure examination. A new application and fee are required each time NCLEX is to be taken.
- ☐ You must submit a criminal history report from the Administrative Office of the Court (form enclosed). You will not be made eligible to test until this report is received at KBN.
- ☐ **EVIDENCE OF GRADUATION:** As a graduate of an in-state nursing program, your school must submit your name on a certified list of graduates to KBN before you will be made eligible to test. As a graduate of an out-of-state nursing program, you must request your school of nursing to send an official transcript, with degree posted, to KBN. The transcript must be received before you will be made eligible to test.
- ☐ **HIV/AIDS EDUCATION REQUIREMENT:** Two contact hours of approved HIV/AIDS education are required for licensure in Kentucky. If you graduated from a Kentucky nursing program, you met this requirement in your prelicensure program. If you graduated from an out-of-state nursing program, you are required to meet this requirement within 6 months of licensure. Additional information is available at <http://kbn.ky.gov/ce.htm>.
- ☐ **DOMESTIC VIOLENCE EDUCATION REQUIREMENT:** Three contact hours of approved domestic violence education are required within 3 years of receiving your Kentucky nursing license. If you graduated from a Kentucky nursing program after May 1, 1998, this requirement was included in your school's curriculum. Additional information is available at <http://kbn.ky.gov/ce.htm>.
- ☐ **REGISTRATION FOR THE NATIONAL COUNCIL LICENSURE EXAMINATION (NCLEX):** The NCLEX Candidate Bulletin is included in this application packet. The form for registering for the examination is located in the center of the bulletin. Contact the test center (contact information is located in the bulletin) for questions regarding registration process, the authorization to test (ATT), or the examination. You must register with the test center before you will be made eligible to test. If you register via the Internet or by telephone and provide a valid email address, you should receive your ATT within 24 hours of being made eligible to test. If you register by mail, it may take up to 12 weeks to receive your ATT. Additional information on eligibility, the ATT, and orientation as a graduate nurse is located at <http://kbn.ky.gov/examination.htm>.

SECTION 8: ADVANCED REGISTERED NURSING PRACTICE

- ☐ If you are requesting registration as an advanced registered nurse practitioner, you must file two applications, the "Application for Licensure as an RN" and the "Application for Registration as an ARNP." There is a separate fee for each application. Additional information and the application may be found at http://kbn.ky.gov/arnp_registration.htm.

SECTION 9: APPLICATION FOR LICENSURE BY ENDORSEMENT

The application is valid for 6 months following the date received at KBN. If you fail to complete all requirements within the 6-month period, you must submit another application and pay another \$120 fee. It is your responsibility to assure that all requirements are met at least 14 days before the application expires.

- ☐ **TEMPORARY WORK PERMIT (TWP):** A TWP is valid for 6 months from the date issued and may not be extended. If all requirements for licensure are not met before the TWP expires, your application and TWP expire and you must reapply. You must hold either a TWP issued by KBN or a current active Kentucky nursing license. Working without a TWP or Kentucky nursing license subjects you to disciplinary action by KBN.
- ☐ **HIV/AIDS CE:** Proof of earning 2 contact hours of HIV/AIDS education must be received at KBN before a license will be issued. A list of approved courses can be found at <http://kbn.ky.gov/ce.htm>.
- ☐ **VERIFICATION OF ORIGINAL LICENSURE (Attachment 2 or the NurSys Form):** If your state of original licensure is listed on the NurSys form, complete the top portion of that form and send to the address as directed. If your state of original licensure is NOT listed on the NurSys form, complete the top portion of Attachment 2 and send it with the appropriate fee to the nursing board in your state of original licensure.
- ☐ **NAME CHANGE/ADDRESS CHANGE:** If the name on your application will differ from the name on any documents received by KBN, you must submit a copy of a legal name change document with this application. Address changes must be in writing.
- ☐ **TRANSCRIPTS:** Transcripts are required of applicants who were (1) originally licensed in California, Connecticut, Florida, Illinois, Iowa, Kansas, or Utah; (2) licensed by their original state of licensure before graduating from their program of nursing; or (3) as requested by KBN. Original transcripts must be sent to KBN directly from the nursing program.
- ☐ **CURRENT ACTIVE LICENSE:** Proof of current active licensure in another state or country must be submitted with this application. If your license card requires a signature, it must be signed.

SECTION 9: APPLICATION FOR LICENSURE BY ENDORSEMENT (Cont.)

- ☐ **COMPETENCY VALIDATION:** If you have been licensed more than 5 years, you must have:
- OR ☐ Worked as a nurse at least 500 hours within the 5 years preceding the date your application is received at KBN.
- OR ☐ Worked as a nurse at least 100 hours within the 5 years preceding the date your application is received at KBN. **Contact the endorsement specialist for specific competency requirements. A TWP will not be issued until this requirement is met.**
- OR ☐ Complete a KBN approved refresher course if you have not worked as a nurse at least 500 hours within the 5 years preceding the date your application is received at KBN.
- ☐ **DOMESTIC VIOLENCE CE:** Proof of earning 3 contact hours in domestic violence education must be earned within 3 years of the date you are issued your Kentucky nursing license.
- FINGERPRINTING:** Beginning August 15, 2003, all applicants for endorsement will be required to complete fingerprint cards and submit it to KBN with the additional \$24 processing fee. Any law enforcement agency can place your fingerprints on the card and complete the specified information. A criminal history report will be sent to KBN from the FBI. You may be issued a TWP before the report is received at KBN, but you will not be issued a permanent license until the criminal history report is received. A separate instruction sheet and the fingerprint card will be added to all application packets. **ALL APPLICATIONS POSTMARKED ON OR AFTER AUGUST 15 MUST BE ACCOMPANIED BY A FINGERPRINT CARD.** Additional information can be found at <http://kbn.ky.gov/endorsement.htm>.

SECTION 10: APPLICATION FOR LICENSURE BY REINSTATEMENT OR CHANGE OF STATUS

- ☐ **NAME/ADDRESS CHANGE:** If the name on your application will differ from the name on any documents received by KBN, you must submit a copy of a legal name change document with this application. Address changes must be in writing.
- ☐ **REINSTATEMENT TO OR CHANGE TO AN ACTIVE STATUS:** Proof of earning 3 hours of domestic violence education must be received at KBN before a license will be issued. A list of approved courses can be found at <http://kbn.ky.gov/ce.htm>.
- ☐ **COMPETENCY VALIDATION:** This requirement must be met before a license will be issued. Choose the method you wish to use to validate competency.
- ☐ **500 hours of employment as a nurse within the 5 years preceding the date your application is received at KBN:**
- ☐ Include a copy of an active nursing license from the state where you were employed those 500 hours.
- ☐ Complete the top portion of Attachment 1 send it to the employer who will validate that you worked the 500 hours as a nurse. **The employer must mail or fax the completed form to KBN. No Kentucky employment will be accepted.**
- OR ☐ **Continuing Education:** Submit copies of the required, KBN approved, CE credits listed on the application. At least 30 CE credits must be earned within the 2 years preceding the date your application is received at KBN. Continuing education credits earned more than 5 years preceding the date your application is received at KBN will not be accepted. **If your application is not postmarked before November 1, the CE requirement will change, and you must contact the reinstatement specialist at KBN to determine the correct number of CE credits needed.**
- OR ☐ **Refresher Course:** Complete a KBN approved refresher course if you have not worked as a nurse at least 500 hours within the 5 years preceding the date your application is received at KBN.
- ☐ **REINSTATEMENT TO OR CHANGE TO INACTIVE STATUS:** **You MUST return your current, active Kentucky nursing license with the enclosed application. You may not be employed as a nurse in Kentucky if your Kentucky license is inactive.** See <http://kbn.ky.gov/reinatement.htm>, http://kbn.ky.gov/active_status.htm, and http://kbn.ky.gov/inactive_status.htm for additional information.

SECTION 11: ACCOUNTABILITY AND RESPONSIBILITY

The portion of nursing law cited in this section explains the accountability and responsibility of all nurses licensed to practice nursing in Kentucky. **Please read it carefully.** All Kentucky nursing laws and regulations may be found at http://kbn.ky.gov/laws_&_regs.htm.

SECTION 12: NOTARY

All applications must be notarized. Do not sign the application until you are in the presence of a Notary Public. **You are held legally accountable for the truthfulness and validity of the information you provide on the application.**

PHOTOGRAPH

A passport photograph, taken no more than 6 months prior to the date the application is notarized, must be attached in the space provided. Print your name on the back of the photo in case the photograph becomes separated from the application.

Visit KBN's website at <http://kbn.ky.gov> for forms, CE requirements, CE providers, refresher courses, regulations, and other licensure information. In order to respond to questions submitted through the Webmaster, you must include your name, address, and social security number in the email message.

Office Use Only

APPLICATION FOR LICENSURE

~ APPLICATION FEE IS NON-REFUNDABLE ~

Kentucky Board of Nursing
312 Whittington Pky, Ste 300
Louisville, KY 40222-5172
502-329-7000 or 800-305-2042

Print clearly using capital letters and black ink. Refer to instruction sheet before completing this application.

Method of Application

Examination
Endorsement
Reinstatement
Change to Active or Inactive Status

Complete These Sections

1, 2, 3, 4, 5, 6, 7, 11, 12
1, 2, 3, 4, 5, 6, 9, 11, 12 Either Attachment 2 or the NurSys Form
1, 2, 4, 5, 6, 8, 10, 11, 12 Attachment 1 (If Applicable)
1, 2, 4, 5, 6, 8, 10, 11, 12 Attachment 1 (If Applicable)

SECTION 1: BIOGRAPHICAL DATA

Last Name

First Name

MI

Maiden Name

Male ☐

Female ☐

Street

City

State

Zip

County

Daytime Phone - -

Home Phone - -

Social Security # - -

Date of Birth - -

U.S. Citizen? Yes ☐ No ☐ If you answered "no," you must provide a copy of your immigration documents with this application.

Was your nursing education received in the United States? Yes ☐ No ☐ Read the instruction sheet for additional information if you graduated from a program outside the United States.

If no, do you hold a certificate from the Commission on Graduates of Foreign Nursing Schools (CGFNS)? Yes ☐ No ☐

SECTION 2: TYPE AND METHOD OF APPLICATION

This section indicates the type of license and method by which you wish to apply for licensure. Only one circle in each area should be darkened. Refer to the enclosed instructions to verify license type and method.

License Type: RN ☐ LPN ☐

Application Method: If you have never held a Kentucky license: Endorsement ☐ Examination ☐

If you hold or held a Kentucky nursing license: Reinstatement ☐ Change to Active Status ☐ Change to Inactive Status ☐

SECTION 3: APPLICANT'S NURSING EDUCATION

Answer the following questions about the nursing education that is the basis for this application. If you are an LPN applying for licensure as an RN, the information you provide in the spaces below must reflect your RN nursing education.

Basic Program of Nursing Name (Name of School)

City

State

Country (If Not USA)

Month & Year Entered

Month & Year Graduated

Type of Nursing Program: Voc-Tech/LPN ☐

RN/Diploma ☐

ADN/AAS ☐

BSN ☐

Other ☐

Additional Education (Attach resume or separate sheet if additional space is needed)

Name of School

City

State

Month & Year Graduated

Degree Earned

Office Use Only

PON Code:

List Type:

SECTION 4: DISCIPLINARY HISTORY

KBN searches NCSBN's Disciplinary Data Bank for disciplinary actions taken against nurses' licenses by other boards of nursing. If you answer "yes" to any of these questions, begin a detailed explanation on the lines provided in this section and attach additional sheets as necessary. If you had more than two disciplinary actions, list them on a separate sheet of paper. You must attach a certified copy of the board's action with this application. **Your application will not be processed until these documents are received.** Darken the appropriate circle and print in the boxes provided.

Have you ever been denied a nursing license? (For reasons other than failure to pass State Board Exam/NCLEX)

Yes ☐No ☐

If Yes, List State & Year

 -

If Yes, List State & Year

 -

Has your nursing license ever been subject to disciplinary action?

Yes ☐No ☐
 -
 -

Do you have disciplinary action pending on your nursing license in any state(s)?

Yes ☐No ☐
 -
 -

CONTINUE ON A SEPARATE SHEET OF PAPER

SECTION 5: CRIMINAL HISTORY

KBN conducts a criminal history search on licensure applicants. If you answer "yes" to any of the following questions, begin a detailed explanation on the lines provided in this section and attach additional sheets as necessary. If you had more than two misdemeanors and/or felonies, list them on a separate sheet of paper. You must attach a court certified copy of the records relating to the convictions with this application. Court certified documents must contain an official seal and signature of a court officer. **Your application will not be processed until these documents are received.** Darken the appropriate circle and print in the boxes provided.

Have you ever been convicted of a misdemeanor(s)?

Yes ☐No ☐

If Yes, List State & Year

 -

If Yes, List State & Year

 -

Have you ever been convicted of a felony(s)?

Yes ☐No ☐
 -
 -

Have you ever applied to or been licensed in Kentucky? Yes ☐ No ☐

If yes, since you last applied for or were issued a Kentucky nursing license, have you had any misdemeanors or felonies?

Yes ☐No ☐

CONTINUE ON A SEPARATE SHEET OF PAPER

SECTION 6: ANSWER ONLY IF YOU ARE EMPLOYED IN KY AS AN LPN, RN, OR ARNP

Date of Kentucky Employment - -

Employed as: RN ☐ LPN ☐ ARNP ☐

Employer

City

Employer's Telephone - -

SECTION 7: APPLICATION FOR LICENSURE BY EXAMINATION (VALID FOR ONE YEAR)

Complete this section ONLY if you have NOT been licensed as a nurse in any state or jurisdiction. If you are an LPN now applying for licensure as an RN and have NOT taken the NCLEX for RNs, complete this section. You must be registered with NCLEX test service before this application will be processed. **You must submit with this application a copy of a criminal history report obtained from the Administrative Offices of the Court (form enclosed or available on KBN website). You will not be made eligible to test until this report is received at KBN.**

Have you taken the NCLEX exam in another state? Yes ☐ No ☐

If yes, was that exam for licensure as an: RN ☐ LPN ☐

Have you enclosed the results of a criminal history report with this application? Yes ☐ No ☐

Nurses educated outside of Kentucky must have the program of nursing send KBN an official transcript showing the date the degree was granted, and complete 2 hours of Cabinet for Health Services (CHS) HIV/AIDS education. If you do not submit evidence of meeting the HIV/AIDS requirement with this application, signing this application constitutes an agreement that such evidence will be submitted to KBN within 6 months from the date the application is notarized. Failure to do so will result in disciplinary action. Nurses educated outside of the USA must have educational credentials evaluated by CGFNS. (See enclosed instructions for additional information.)

SECTION 8: ADVANCED REGISTERED NURSE PRACTITIONER INFORMATION

If you seek licensure as a RN and registration as an ARNP, you must file a separate application and pay a separate fee for each. Darken the appropriate circle.

ARNP Specialty Type: Anesthetist (Cd A3) ☐

Midwife (Cd M4) ☐

Practitioner (Cd P5) ☐

Clinical Specialist (Cd S6) ☐

SECTION 9: APPLICATION FOR LICENSURE BY ENDORSEMENT (VALID FOR 6 MONTHS)

Complete this section if you are currently licensed in another state or jurisdiction and that license is the type for which you are now applying. **Applicants by endorsement MUST submit a copy of a current active nurse's license with this application and MUST request their state of original licensure to send a verification of licensure to KBN (see instruction sheet for correct form).**

State & Year of Original Licensure as RN State & Year of Original Licensure as LPN

Have you been actively engaged in nursing practice for at least 500 hours within the last 5 years? **Yes** ☐ **No** ☐ If no, select from the following:

- ☐ I have been licensed longer than 5 years. Evidence of CE or a refresher course is required; see <http://kbn.ky.gov/ce.htm> for more info. ☐ I have not been licensed longer than 5 years. No "Verification of Employment" or CE is required.

Nurses applying for licensure by endorsement MUST submit evidence of having earned 2 contact hours of HIV/AIDS education. If your nursing education was not received in a U.S. jurisdiction, see the instructions for additional requirements.

SECTION 10: APPLICATION FOR LICENSURE BY REINSTATEMENT OR CHANGE OF STATUS

For which licensure status are you applying? Active ☐ Inactive ☐ **If you are changing to inactive status, you are NOT required to submit a recent photograph.**

If you are reinstating or changing to an active status, you must provide a copy of 3 contact hours of domestic violence CE and one of the following: (Indicate your choice by marking ONE of the boxes and submitting the required documentation.)

- ☐ **Verification of 500 hours of employment as a nurse within the last 5 years in another state:** If you choose hours of employment, you must submit with this application a copy of a current, active license from the state where you were employed those 500 hours.
- OR**
- ☐ **Continuing education credits:** The number of required contact hours changes November 1 of every year. If this application is not post-marked by November 1, contact KBN to determine the correct number of hours needed.
- OR**
- ☐ **Refresher course:** Complete a KBN approved refresher course if you have not worked as a nurse at least 500 hours within the 5 years preceding the date your application is received at KBN.

If you have chosen to go from an active to inactive Kentucky license, you MUST return your active license with this application. You are NOT permitted to be employed as a nurse in Kentucky without a current, active license.

SECTION 11: RESPONSIBILITY AND ACCOUNTABILITY OF KENTUCKY LICENSED NURSES

KRS 314.021(2): All individuals licensed under provisions of this chapter shall be responsible and accountable for making decisions that are based upon the individual's educational preparation and experience in nursing and shall practice nursing with reasonable skill and safety.

SECTION 12: NOTARY – ALL APPLICATIONS MUST BE NOTARIZED

I certify that I am the person referred to in the foregoing application for licensure in the Commonwealth of Kentucky and who is pictured in the enclosed photograph; that all statements contained herein and on all attachments are true and correct in every respect; that I have read and understand this application and all requirements stated therein. I further understand that all information on this application is subject to an audit for verification and that the falsification of any information contained herein will be cause for disciplinary action.

Applicant's Signature

S E A L

Subscribed and sworn to before me by _____ (Print Applicant's Name)

on this date - -

Notary Public _____

State of My Commission Expires - -

Make check or money order payable to: Kentucky Board of Nursing
FEES ARE NON-REFUNDABLE AND ARE SUBJECT TO CHANGE

Fees: Examination - \$110, Endorsement - \$120, Reinstatement - \$120,
Change to Active or Inactive Status - \$95

If all requirements for licensure are not met within the time period required by regulation, a new application must be submitted with the required fee. You may request a copy of the applicable regulation from KBN (address on page 1).

Passport Photograph

This space to contain a recent passport photograph.

Picture must fit in this area.

Only passport photos will be accepted.

Tape photo in this section.

Print your name on the back of your photo.

Office Use Only

HIV/AIDS in PON: _____



Kentucky Board of Nursing
312 Whittington Pky, Suite 300
Louisville, KY 40222-5172

Phone: 502-329-7000 or 800-305-2042
Fax: 502-329-7011
Website: <http://kbn.ky.gov>

VERIFICATION OF EMPLOYMENT

ATTACHMENT 1

To the Applicant

Complete this portion of the Verification of Employment form. In the spaces below, list a past employer who will verify that you worked as a nurse 500 hours during the past 5 years. **THE EMPLOYER MUST DIRECTLY MAIL OR FAX THIS FORM TO THE KENTUCKY BOARD OF NURSING.**

Applicant's Last Name

Applicant's First Name

SS # - -

Year of Graduation From Basic PON

Employed As: RN ☐ LPN ☐

Employing Facility

Facility's Address

City

State

Zip -

Facility's Phone #

Employed From (Month/Year)

Employed To (Month/Year)

Application Type

Endorsement ☐

Reinstatement ☐

DO NOT WRITE BELOW THIS LINE

INFORMATION BELOW THIS LINE IS TO BE COMPLETED BY A PREVIOUS EMPLOYER

To the Employer

Complete this portion of the Verification of Employment form, and then MAIL OR FAX THIS FORM DIRECTLY TO THE KENTUCKY BOARD OF NURSING.

Has the above named individual been engaged in active nursing practice for at least 500 hours during the past 5 years at this facility?

Yes ☐ No ☐ If no, list the number of hours of practice: _____

Facility Name _____

Employer's Name (Please Print) _____

Employer's Title & Phone # _____

Employer's Signature _____ Date _____

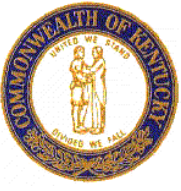
Office Use Only

Person Contacted at Above Facility: _____

Employment Verified? Yes ☐ No ☐ If no, explanation received: _____

Title of Person Contacted: _____

Date & Time Contacted: _____



Kentucky Board of Nursing
312 Whittington Pky, Suite 300
Louisville, KY 40222-5172

Phone: 502-329-7000 or 800-305-2042
Fax: 502-329-7011
Website: <http://kbn.ky.gov>

VERIFICATION OF LICENSURE

ATTACHMENT 2

To the Applicant

Complete the top section only, and send this form and the appropriate fee to the board of nursing in the state where you received your original license. (Contact your original state of licensure for the appropriate fee.)

Note: Be sure to check the NurSys Form to determine if you should complete this attachment or the NurSys Form.

Registered Nurse ☐

Licensed Practical Nurse ☐

Last Name

First Name M.I.

Maiden Name

Street

City State Zip

Social Security #
 - -

Nurse License #

Date of Birth
 - -

To Be Completed by the Board of Nursing in the State of Your Original Licensure

Licensed in the State of By Endorsement ☐ Date License Issued - -

By Examination ☐

Type of Program: Vocational ☐ RN Diploma ☐ ADN/AAS ☐ BSN ☐ Other ☐ List

Name of Nursing Program

City of PON State of PON

Date of Completion (Month/Year) - Is/Was this an approved program? Yes ☐ No ☐

Has this license ever been revoked, suspended, restricted, limited, probated, or otherwise disciplined? Yes ☐ No ☐

If yes, attach a copy of any order by the board.

Is there any action pending on this license? Yes ☐ No ☐ If yes, attach an explanation.

Did this individual take and pass either the State Board Test Pool Examination (SBTPE) or the National Council Licensure Examination (NCLEX)?

Yes ☐ No ☐

I certify that the above information for the above named nurse represents accurately the information on file with the board.

Signed and the board seal affixed on this date: - -

SEAL

Signature:

Title: